Cheverells Care Limited

Cheverells Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 21 and 22 April 2015 and was unannounced.

At the last inspection 22 June 2013 we found the service was meeting all the legal requirements and regulations associated with the Health and Social Care Act (2008).

Cheverells Care Home is registered to provide accommodation for 38 older people who require personal care. 38 people were living at the home at the time of inspection.

The service had a registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated regulations about how the service is run. At this service, the registered manager is also one of the registered providers.

This was the first inspection carried out since the service was re-registered on 14 January 2015.

Management and staff had limited understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. Where people lacked capacity, staff did not understand the law which underpinned people's right and the appropriate action had not been taken. People

Summary of findings

had some assessments of risk and plans of care in place. However, these were not accurate and up to date; they did not fully reflect the care and support the person was receiving.

Adequate systems for regularly monitoring the quality of the service were not in place and did not pick up any shortfalls in record keeping. The premises, services and equipment were well maintained and serviced in accordance with the relevant legislation.

A plan of regular events at the home was in place, but these events were limited and did not always reflect people's individual abilities, hobbies or interests.

There was a homely and friendly atmosphere at Cheverells Care Home during our visits.

People told us they were happy and enjoyed living at the home. Comments included "It's like home", "I am really, really happy here", and "Everything is perfect, like a home."

People, their relatives and professionals all spoke highly about the care and support provided. Relatives felt welcomed by staff and had developed good relationships with them.

People felt safe and told us staff were kind and caring to them. Staff treated people with dignity and respect. Enough care staff were on duty and they received training and support to do their jobs properly. Ancillary staff such as cooks, housekeepers, maintenance and gardeners were employed.

People had their medicines managed safely. People received nutritious meals and told us they enjoyed the food, but would like more choice.

Views were sought from people and their relatives from a quality assurance survey sent out yearly but regular residents meetings were not held.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Some aspects of the service were not safe.

Not all risks to people had been identified and systems put in place to reduce the risk.

Appropriate pre-employment checks had not been completed on all staff prior to them starting work at the home.

Staff were aware of the procedures to follow to report abuse. People expressed no concerns for their safety.

There was sufficient staff who had the right skills, experience and training to meet people's needs.

Medicines were managed appropriately to ensure people got their right medicines at the right time.

Is the service effective?

Requires improvement

Some aspects of the service were not effective.

Where people did not have the capacity to consent, the provider had not acted in accordance with the legislation and guidance.

Staff received training to update their skills and knowledge but this did not include all areas of their practice.

People saw health and social care professionals when they needed to and staff followed their advice.

People were supported to eat and drink to make sure their nutritional needs were maintained. People were not routinely offered a choice of main meal.

The building and gardens were well maintained which provided people with an environment they appreciated.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences.

Staff were caring in their approach and interactions with people. They knew people well.

Relatives and friends were encouraged to visit and were made to feel welcome during their visits.

Is the service responsive?

Requires improvement

Some aspects of the service were not responsive.

Summary of findings

People's care records were not up to date and did not contain all the information necessary as to how their care and support needs were to be met.

Activities in the home were limited and did not reflect people's individual interests and hobbies.

The service had a complaints procedure and people were aware of how to raise concerns.

Is the service well-led?

Requires improvement

Some areas of the service were not well led.

Some quality assurance processes were in place to monitor the satisfaction of the service provided. However, improvements were needed as some of the shortfalls we found in record keeping during the inspection had not been picked up prior to our visit.

Incidents and accidents were not recorded to see if any patterns or trends could be avoided.

People told us the registered manager was approachable and listened to them. However, staff did not always have consistent leadership and guidance from them.

Cheverells Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed the information we held about the service, including notifications. Providers are required to submit notifications to the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, any injuries to people receiving care, any person with a Deprivation of Liberty (DoLS) authorisation and any safeguarding matters. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

The inspection took place on 21 and 22 April 2015 and was unannounced. The inspection team consisted of one inspector.

We spoke with 20 people who lived at Cheverells and seven relatives to get feedback about the service. We also spoke with the following people; the providers; the registered manager; eight care staff; a cook; a maintenance person; a housekeeper and a visiting hairdresser. We also spoke with a visiting GP and community nurse.

We looked at the care records of three people, medicine records, three staff recruitment records, staff training records and a range of other quality monitoring information.

Requires improvement

Is the service safe?

Our findings

People were not always protected from unnecessary risk. Assessments of people's risks had been carried out in all the care files we looked at. However, these were brief and did not contain all the information required. For example, one person had recently returned from hospital with a high level of care required. They had been assessed as at high risk from skin damage, poor nutrition, poor mobility and pain control. Whilst this person's care needs were being met and their risks reduced, it was clear from staff this was being done in an inconsistent way due to the lack of clear guidance in the care files for staff to follow. For example, members of staff explained how they gave personal care in different ways to the same person. Another person had been assessed as at risk of harm due to their challenging behaviour. The assessment had identified the risk, but no plan to guide staff how to manage this had been put into place. For example, what the trigger factors were, how they could be avoided and how staff should safely manage the behaviour when it occurred.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adequate recruitment checks on prospective staff had not always been fully carried out. This meant the provider could not be sure whether a prospective employee was suitable for a post or not. Staff files contained an application form, proof of identity, two references from recent employers and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. However, the completed application forms contained very brief information about past employment history and any gaps in employment history were not easily seen. Senior staff who carried out the interviews said they did not routinely discuss these with prospective employees. No notes of the interview or questions asked were recorded in the staff files. When we asked the registered manager, supervisor and assistant supervisor about this, it was unclear which of these senior staff had actually carried out the interviews and considered the applicants suitable.

All the people we spoke with felt safe. Comments included "Feel safe? Oh yes, yes", "Feel safe? I hope so otherwise I wouldn't be here" and "Safe? I should think so." Relatives also spoke very positively about people's safety in the home. Comments included "(Relative) is safe; if they didn't feel safe they would let us know", "(Relative) is always safe; I can't fault it" and "Very safe here; we feel (relative) is safe here." A GP commented there were "No concerns over safety; I wouldn't be worried."

It was clear from people's conversations and interactions, they were relaxed and enjoyed living at Cheverells. People told us they were happy. Comments included "It's like home", "I am really, really happy here", "Everything is perfect, like a home" and "Happy? I think it's great here!"

Safeguarding vulnerable adults' policies and procedures were in place, to ensure a consistent approach was taken in line with multi-agency working. Staff had received safeguarding vulnerable adults training; they knew how to recognise abuse and the correct action to take if they needed to report any concerns. One staff member said "I would either go to (the supervisor), (the assistant supervisor), the providers, the Care Quality Commission (CQC) or the Police" and another said "I would tell the supervisor, go to the manager but still report it." A safeguarding and whistleblowing procedure were in place. No safeguarding incidents had been raised with the local safeguarding team.

Skilled and competent care staff were employed in sufficient numbers to ensure people received care when they needed it. Ancillary staff such as cooks, housekeepers, maintenance and a gardener supported the running of the home. People said staff had the time to support them properly. Comments included "Staff are wonderful, they come when I ring my bell, I couldn't grumble", "Staff look after me" and "Staff are very good, I'm quite happy". A community nurse said there was always enough staff on duty. A relative commented "Staff are very good, helpful; always enough staff." A GP said there was always enough staff on duty when they visited and the service "Always has a senior on, not just junior staff."

Medicines were stored safely and securely. A refrigerator for medicines needing cold storage was available. Temperatures of the refrigerator and storage room were monitored to make sure medicines were stored in the recommended way, so they would be safe and effective for people to take. Records were kept of all medicines received into the service and of those sent for destruction. This meant there was a clear audit trail of medicines received in

Requires improvement

Is the service safe?

and out of the home. A full medicine audit had recently been undertaken by the supplying local pharmacist. Some areas for improvement had been highlighted; these had all been addressed and resolved.

Medication Administration Records (MAR) were completed and signed for appropriately. Staff had recently undertaken an update in medicine training and confirmed they understood the importance of the safe administration and management of medicines. Staff kept a record of medicine leaflets and a medicine reference book for their information and guidance should they need it.

People received their medicines at the correct times and these were generally given in a safe way. However, one person had their medicines crushed. This had been done on the request of the GP, but without checking with the pharmacy first as to whether this was an acceptable method. Staff addressed this during the inspection; they contacted the pharmacist and made arrangements for the medicines to be given more safely in a different form.

Staff spent time with people to make sure their medicines were taken. People were asked if they needed any medicines prescribed to be taken when necessary, such as pain relief tablets. There was no-one who looked after their own medicines at the time of this inspection, but staff supported one person to draw up insulin and monitor their blood glucose levels safely.

Each person had a personal emergency evacuation plan which was held in the office; this gave clear guidance as to how they would need to be supported to leave the building in the event of an emergency or fire.

In accordance with the relevant legislation, regular safety checks, servicing and maintenance of equipment were carried out. Systems ensured people were safe in the event of a fire. There was a fire risk assessment in place.

Requires improvement

Is the service effective?

Our findings

People's human and legal rights were not always respected. Management and staff did not fully understand the key requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). For example, staff had completed basic capacity assessments for people living at the home. For the assessments which concluded people were unable to give their consent, the necessary action had not been taken. In some cases, families had been involved and asked to give consent on the person's behalf, but no best interest decisions involving the appropriate people had been held. We asked the registered manager, senior care staff and junior care staff about their understanding of the MCA and DoLS and how it applied to their practice. The registered manager confirmed staff had received training both in MCA and DoLS. However, they were unsure of their roles and unable to tell us how people should be protected under the MCA.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. These had not been completed. DoLS are safeguards which protect the rights of people by ensuring if there are restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Following a ruling by the supreme court in 2014, a judgement was made which made it clear if a person lacking capacity to consent to arrangements for their care, was subject to continuous supervision and control and was not free to leave the service they are likely to be deprived of their liberty. We did not see any evidence of anyone being deprived of their liberty during our visits.

On the first day of inspection the registered manager was unaware of their legal responsibilities under the MCA and DoLS. However, by the second day of inspection the registered manager had made six urgent DoLS applications to the local authority.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training in areas specific to their work, for example food hygiene, safeguarding, moving and handling and first aid. Training sessions were held each month for the year and a plan of training for 2015 was in place. Staff were supported to obtain nationally recognised care qualifications at different levels. Staff received induction training when they began work to help them become familiar with people's needs and help them to work safely with people. New employees 'shadowed' experienced staff until they were confident to work on their own. One member of staff said the induction training was good and they were still shadowing experienced staff as they were "new to care." A senior member of staff was responsible for introducing the 'Care Certificate' (a new recognised tool in induction training) into the home. Staff received supervision regularly when they discussed their training and performance needs.

People and their relatives said care and support was very good. People's comments included "It's very comfortable; am well looked after", "Very good staff; treat me with respect" and "Staff are all very good; they do their job." Relatives commented "Staff are very good, very pleasant, very helpful" and "Can talk to staff if got problems…it's lovely."

Staff had a good understanding of people's health and care needs and were able to explain the support people required to ensure their personal care needs were met. For example, staff were able to tell us how people liked their personal care to be delivered and of people's underlying medical conditions such as diabetes. When people refused personal care, staff said they would leave the person and try again later. Daily care records and staff handovers alerted staff to any changed in a person's health or care needs and advice support sought from the relevant professionals when needed. For example, recognising when expert advice was needed such as liaising with a specialist nurse. A community nurse and GP said there was good communication with the home and appropriate referrals were made to them. Comments included "Nobody minds coming here…anything we ask for we get" and "Staff are well trained; contact the GP appropriately."

Lunchtime in the main dining room was sociable. Some people chatted whilst sitting at their tables. The food looked appetising and people seemed to enjoy it. Some people needed assistance at the dining table. Staff did this

Requires improvement

Is the service effective?

in a discreet and helpful way. They chatted to people whilst assisting them and this encouraged them to eat. Some people had their meals in their rooms and these were nicely presented on trays.

The majority of people enjoyed the food. Comments included "Food is fine", "Can have what you want" and "If you don't like anything they don't force it on you." Two people felt the food could have more choice and that the menus contained too many of the same type of meal, such as shepherd's or cottage pie. Menu plans were not displayed during our inspection and people did not know what was for their main meal at lunchtime. One person said they ate their meal if they didn't like it because "I don't want to cause any trouble." Another said "no choice, don't know what you are getting until it comes up" and "they need a cook at teatime." Staff told us alternative meals were always available if requested, but people were not aware of this. A cook prepared the lunchtime meal and care staff served the tea time meal. Information regarding people's likes, dislikes and allergies was in the kitchen to guide staff. We discussed people's comments with the provider. They told us they planned to put the menus back on display in the home and inform people what food was on the menu, so they could choose whether to have an alternative meal.

People were weighed regularly. Where one people lost weight, referrals were made to the appropriate professionals.

The premises and gardens were extremely well maintained. The home was decorated and maintained to a very high standard. A number of recent large improvements had been made; not only for the communal areas of the home but for individual people's bedrooms too. For example, one person had recently had a first floor balcony installed and another had a ground floor private patio made. New windows had been installed, bathrooms were being updated and decoration continued throughout the home. Large, interesting gardens gave people a relaxing and enjoyable place to sit outdoors which they appreciated. One person enjoyed seeing the variety of birds and had several feeders to attract them to the garden. They also enjoyed regular visits from the squirrels. Another person particularly enjoyed the view from their room which contained an assortment of wild flowers.

Good

Is the service caring?

Our findings

People spoke positively about staff and the quality of care they received. They told us "I'm well looked after; do staff look after me? yes", "Staff are very, very good. Very kind and polite" and "Staff are extremely good." Relatives and professionals also provided positive feedback about staff's approach. Relative comments included "Staff are very good", "Staff are very nice; very polite; very friendly" and "Staff are very good; very pleasant; helpful". A GP said staff were "Caring and kind" and a community nurse said "The staff all care….it's (the service) brilliant."

Conversations between people and staff demonstrated familiarity and knowledge of people's preferences and interests. For example, we heard banter between a staff member and a person about suggestions for completing a crossword puzzle. Both of them obviously enjoyed the conversation. Another person had a conversation with staff about how they would like their room and what furniture they wanted. They said "(staff) were very accommodating to my requests."

Staff had developed good communication with visitors. People told us how important it was to them to maintain contact with their family and friends. Relatives said they always received a warm welcome from staff and were offered refreshments. Comments included "Always welcomed", "Always welcoming; offered tea and coffee" and "I come in day and night….welcomed." One visitor had a conversation with a member of staff about their relative's care. It was clear there had been regular updates of their progress and they felt involved with their relative's care. Relative comments included "They always ring up if there are any problems" and "You can talk to staff if you've got any problems." Staff had arranged for refreshment and a cake for one person's birthday. They served tea to them and their visitors privately at a time to fit with the visitor's wishes. This showed staff recognised the significance of people's personal relationships.

Staff gave examples of how they maintained people's privacy and dignity and this was reflected in their interactions with people. Personal care was provided discreetly and people were addressed in appropriately respectful ways. One person said they were "impressed" by the staff and the way they cared for their relative. They said staff were "kind, respectful and treat (my relative) with dignity." Staff were aware of non-verbal communications of two people and were able to understand what they wanted despite their lack of communication. For example, one person became agitated when they required personal care and staff knew when another person wanted to go to bed.

People said routines were flexible; they were involved in choices about aspects of their care and about where they spent their time. For example, they were able to make choices about what time they got up and when they went to bed. One person said "Staff listen to you and meet our requests" and another said "I'm independent and a proud person….I've had more care and attention from the staff than I'm used to" and "The staff treat me with respect – everything is super."

Resident's meetings had not been held recently or regularly. The providers said it was their intention to start these again, which would provide opportunities for people to share ideas and suggestions and to contribute to the way the service was run. People, relatives and professionals did say they could speak with the providers at any time should they have any requests or suggestions. One person had requested the internet be installed in the home to enable them to use their computer. The provider was in the process of arranging this.

Requires improvement

Is the service responsive?

Our findings

People were not always involved in developing or reviewing their care plans. Care plans are a tool used to inform and direct staff about people's health and social care needs. In some records, an initial assessment had been completed by staff from the local authority which provided information about the person's health and support needs. People's care and support needs were also assessed by senior staff prior to the moving to the service. This was to ensure the service was able to meet people's needs and expectations. However, these forms were very brief and did not contain the detail required to make that decision. Care plans had all been signed by a relative to agree the plan of care, but the relative had not been involved in its actual planning.

Care plans had been regularly reviewed by staff, but it was clear people's needs had changed and the plan of care had not been changed to reflect this. For example, when one person's general health had deteriorated and their care needs had increased significantly. Care files did not contain all the information required to care and support each person in a consistent way. For example, one person had been assessed as having continence needs and needing assistance with all personal care. Another person had been assessed as having short and long term memory loss, confusion and disorientation. No plans had been put into place to guide staff how to manage either of these identified needs. Where assessments of risk had been identified, such as skin damage due to poor mobility, the information had not been transferred in to a plan of care for that person and how the risk should be managed by staff.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's social needs were not always met. There was a "Programme of Events" which showed the planned activities for the month. This was very limited and activities were mostly aimed at the whole home instead of people's individual preferences such as a visiting entertainer. For example one week's activities consisted of a church service on Monday, the hairdresser on Tuesday, bingo on the Wednesday and staff training on Thursday. During our two days of inspection, the hairdresser and a singer visited the home. People watched TV or had relatives visiting. We saw very little in the way of meaningful activities take place.

Some people enjoyed the weekly Friday bus outing where five or six people went out for tea with the providers. One person said "I do enjoy the bus trip." Staff said it was usually the same people who went on the trip and people were less interested in this now than they used to be. When we asked people one thing they would like to change about the home, the majority said more activities and "more for us to do." Staff also commented they would like to see more meaningful social activities arranged and individual's interests taken into account. People's interests and hobbies were not recorded in the care files therefore staff were unaware of what these were.

Some people in the home had a diagnosis of dementia and would benefit from activities based on current good practice guidance for dementia care such as sensory items or rummage items. This would help to prompt meaningful conversations, social interactions and recollections for people. This would be particularly helpful for those people who were unable to take part in group activities and spent their time in their bedrooms. We recommend the service seeks advice and guidance on developing activities for people which reflects their individual interests, abilities and hobbies.

People knew how to make a complaint. No complaints had been received since the last inspection. People, visitors, relatives and professionals were very complimentary of the service and had no complaints or concerns. They said they would not hesitate to speak with the registered manager or staff if they did have any concerns. People commented "I've no complaints, everything is super", "You can tell I am really, really happy here; I hope I'm living here a long time" and "I'm happy here; it's so nice for you to come and see me and I'm able to tell you how I feel; it's lovely." Another person said "I've no complaints about anything." A relative said "If I need to speak to someone – they (staff) are always there to speak to".

The home had a monthly newsletter which informed people of any special events which happened such as Easter. A copy of this was given to each person and was displayed on the notice board should people wish to read it.

Requires improvement

Is the service well-led?

Our findings

The service did not have effective governance systems in place to drive continuous improvement. Not all the processes required to monitor the quality of the care delivered were in place. Therefore, the shortfalls we found in several areas of poor record keeping had not been picked up prior to our visit. For example, staff recruitment files, people's care files and risk assessments. Also a medicine audit had been completed by the supplying pharmacist who required some improvements to be made. These had been addressed but, with the exception of those medicines which required additional security, no further regular monitoring of people's medicine management had been undertaken. Regular auditing of records such as these would have highlighted any deficits and the necessary improvements put in place.

Although accident/incident reporting systems were in place, incidents and accidents were not reviewed by the registered manager nor was an analysis of events over time undertaken to see if there were patterns or trends which could be avoided. This meant there was a risk that lessons learned could be missed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not always clear lines of accountability and responsibility. Leadership, guidance and direction by the registered manager were not always visible in the home. For example, they did not oversee the care delivery to people in the home. This was done by a supervisor and deputy supervisor. The registered manager's hours of work were not recorded on the staff rota. This meant staff did not know whether they were 'on duty'. The registered manager said they were available between 0900am to 1700pm Monday to Friday, but mainly worked from their private home; this was in the same grounds as the service. They did regularly visit the home, but this was not on a structured basis and varied in days, times and length of stay. Records relating to the running of the business were kept in the provider's accommodation such as accounts, staff files, policies and procedures, fire records and equipment servicing records. These were made available on the day of inspection, but would not be available if the registered manager was on annual leave or away from their private home.

One of the providers visited the home regularly and enjoyed working as part of the maintenance team to maintain and update the home and grounds to a high standard.

People living at Cheverells said they did not see the registered manager very often but knew who they were. Two relatives we spoke had not met the registered manager and said "It would be nice to be introduced." They told us meeting with them "would be useful." This was discussed with the registered manager on the day of inspection.

Staff said the registered manager was approachable when they were in the home and felt supported by them. Comments included "I would be listened to" and "(the registered manager) is approachable; very open; if we have problems they just say 'come to us'." However, they also said it was not always clear who had overall responsibility for the day to day running of the home as they had guidance from different people. For example, how to give personal care and advice over what information was required in the care records. Staff said the registered manager was available 24hours a day and they "just had to call." We discussed our findings regarding the leadership of the home with the registered manager, which they were aware of. They said they would be reviewing the overall management of the home in the very near future.

Staff meetings had been held in the past but had not taken place for some time. All staff felt these would be beneficial so they could bring up any issues or concerns. They felt the meetings would provide a forum for them to speak with the support of their colleagues around them.

A satisfaction survey for people using the service and their relatives was sent out in February 2015. Responses had been collated so far, but the service was still waiting for some to be returned. There was a high return rate of the questionnaires and the overall satisfaction rate was very good. The surveys were very complimentary about the staff, care and the atmosphere of the home. Comments included "You're doing a grand job", "A very well presented home which has constantly been updated…pleasant relaxed atmosphere" and "A very caring staff at all levels." Any negative issues written in the surveys had not yet been acted upon as the registered manager was waiting for all of them to be returned.

Requires improvement

Is the service well-led?

The service worked in partnership with other professionals to ensure people received appropriate support to meet their health needs. Daily care records showed evidence of professional involvement, for example GPs and specialist nurses. Appropriate referrals were made to health care professionals and staff acted upon their advice. One professional said “anything we ask for we get.”

Equipment and systems were maintained and serviced in line with their individual contracts such as the fire alarm, call bell system, boiler and gas appliances.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not taken proper steps to provide care and treatment in a safe way for service users by: not assessing the risks to the health and safety of service users and doing all that is reasonably practicable to mitigate any such risks Regulation 12 (1) (2) (a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person had not taken proper steps to protect service users from risk by: not following the legal responsibilities necessary for people who are unable to give consent under the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards Regulation 11 (1)(2)(3)(4)(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person had not taken proper steps to ensure the safe care and treatment of service users by: not carrying out an assessment of their needs and preferences, not designing a plan of care to meet their needs and preferences, not enabling and supporting relevant persons to understand the care or treatment choices available and not involving service users in decisions relating to their care or treatment. Regulation 9 (3) (a)(b)(c)(d)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person failed to establish and operate systems or processes to effectively: assess, monitor and improve the quality and safety of the services provided, assess and monitor the risks relating to the safety of service users, keep accurate respects in respect of each service user and maintain securely other records which are necessary to the persons employed in the management of the regulated activity. Regulation 17 (1) (2) (a) (b) (c) (d) (f)